PTO/SB/17 (01-06)
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006		Complete if Known				
		Application Num	nber	09/845,814-Conf. #2311		
		Filing Date		April 30, 2001		
		First Named Inv	entor	Laurent Bensemana		
	Examiner Name		T. T. Havan			
X Applicant claims small entity stat	Art Unit		2672 3624			
TOTAL AMOUNT OF PAYMENT	(\$) 225.00	Attorney Docket	No.	06670/100J190)-US1	
METHOD OF PAYMENT (check	all that apply)					
x Check Credit Card	Money Order N	one Other (please iden	tify):		
Deposit Account Deposit Account	Number: 04-0100 Deposit A	ccount Name:		Darby & Darby	P.C.	
For the above-identified depo	sit account, the Director	is hereby authorize	ed to: (ched	ck all that apply)		
Charge fee(s) indicated	l below	Charge	e fee(s) ind	dicated below, ex	cept for th	e filing fee
	ee(s) or underpayment o	f x Credit	any overpa	ayments		
fee(s) under 37 CFR 1		on filing or may	he subie	oct to a surcha	rae)	
1. BASIC FILING, SEARCH, AND E		on ming or may	be subje	ect to a surcha	iige./	
		EARCH FEES	EXAMIN	NATION FEES		
1	Small Entity	Small Entity	- 4	Small Entity		
Application Type Fee (\$			Fee (\$)	Fee (\$)	Fees P	<u>aid (\$)</u>
Utility 300	150 500		200	100		
Design 200	100 100		130	65		
Plant 200	100 30		160	80		
Reissue 300	150 50		600	300		
Provisional 200	100	0	0	0		
2. EXCESS CLAIM FEES						Small Entity Fee (\$)
Fee Description Each claim over 20 (including Reiss	ues)				Fee (\$) 50	25
Each independent claim over 3 (incl	•				200	100
Multiple dependent claims	,				360	180
Total Claims Extra Claims	Fee (\$) Fee	Paid (\$)	M	ultiple Depende	nt Claims	
	· · · · · · · · · · · · · · · · · · ·	(4)			ee Paid (\$)
HP = highest numer of total claims paid for,						
Indep. Claims Extra Claims	Fee (\$) Fee	Paid (\$)				
3 -3=	. =					
HP = highest numer of independent claims	paid for, if greater than 3.				****	
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer						
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						
100 = /50 (round up to a whole number) x =						
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): 2252 Extension for response within second month 225.00						
Other (e.g., rate filing surcharge)	ZZOZ EXIGIISION IOI I	esponse within St	COOTIG THE	71111		0.00
SUBMITTED BY Registration No. 35 419 Talaphana (212) 527 7760						
Signature (Attorney/Agent) 33,418				Telephone	(212) 527	
Name (Print/Type) Pierre R. Yanney	<i>V</i> 2			Date	April 10,	2006

Express Mail Label No.	Dated:	

Application No. (if known): 09/845,814

Attorney Docket No.: 06670/100J190-US1

Certificate of Express Mailing Under 37 CFR 1.10

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Fee Transmittal (1 page)

Amendment in Response to Non-Final Office Action (5 pages)

Amendment Transmittal (1 page)

Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1

page)

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FEE SUMMARY SHEET

Transmittal -- Amendment

Date:

April 10, 2006

Time:

3:08 PM

Docket:

06670/100J190-US1

Filing Date:

April 30, 2001

Application No:

09/845,814

Total Fee:

\$ 225.00

Code Amount 37 CFR Fee Description List	ed on
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2252

225.00 1.17(a)(2) Extension for response within second month

Fee Transmittal (PTO SB-17)

APR 1 0 2006

AMENDMENT TRANSMITTAL LETTER

Docket No. 06670/100J190-US1

Application No.	
09/845,814-Conf. #23	11

Filing Date April 30, 2001

Examiner T. T. Havan 36242

Invention:

A SYSTEM AND METHOD FOR ANONYMOUSLY MATCHING PRODUCTS OR SERVICES

: WITH A CONSUMER

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

<u> </u>		CLAIM	S AS AMENI	DED	
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	9	- 20 =		х	
Independent Claims	3	- 3 =		х	
Multiple Depend	lent Claims (che	eck if applicabl	e)		
Other fee (pleas	e specify): E	xtension for res	ponse within s	econd month	225.00
TOTAL ADDIT	ONAL FEE FO	R THIS AME	NDMENT:		225.00
Large Entity				x Small Enti	ty
No additiona	Il fee is require	d for this amer	ndment.		
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X A check in the	ne amount of \$	225.00	to cover	the filing fee is er	nclosed.
Payment by	credit card. Fo	orm PTO-2038	is attached.		
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x Credit ar	ny overpaymer	ıt.			
X Charge a	any additional fili	ng or applicatio	n processing	ees required unde	r 37 CFR 1.16 and 1.17.
Attorney/Agent	, , ,	118		Dated:	April 10, 2006
DARBY & DAR P.O. Box 5257 New York, New (212) 527-7770	York 10150-5	257			

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